

**INSTRUCTIONS:** Complete a separate form for each homeless student **at the time of identification only**. This form does not need to be updated as homeless student circumstances change periodically. Retain at the school level. This is a courtesy form for use in compiling aggregate homeless student data. Aggregate homeless student data will be reported to DPI on the **ESEA Consolidated End-of-Year Report** (PI-9550-EOY).

School Year **Note:** This form is for local use only and is not to be returned to the Wisconsin Department of Public Instruction. For ease of completion, make use of the tab key when completing form. **GENERAL INFORMATION** Although only the highlighted items are required for reporting purposes, it would be beneficial to gather gender, disabled, migrant, ELL, Title I, and race/ethnicity data. School Mailing Address Street, City, State, Zip LEA Code **HOMELESS STUDENTS** Race/Ethnicity Check One Gender Check if Rec'd Title I-Part A Svcs. Engl. Lang. Learner Disabled American Female Migrant Asian or Black, Not Indian or Male Pacific of Hispanic Alaskan White, Not of Student Origin Native Hispanic Origin Islander Hispanic П П П **HOMELESS STATUS** Homeless Status Check the appropriate status for the **Living Arrangements** Mobility identified homeless student in your school. Did this student In a shelter Living with Family Doubled-up Stay in school of origin within district? Separated from Family Attend school of origin across LEA boundaries? In a hotel/motel Foster Care Pending Unsheltered (on the street, car, park, Runaway District Programs this Student is Enrolled In camparound, abandoned building) Check all that apply. Report for Pre-K thru 12 Only. Unaccompanied Youth Unknown English Lang. Gifted and Vocational Special Student Attending Throwaway (Kicked out of home or abandoned. Possibly Education Education Learner (ELL) Talented Alternative School due to pregnancy, LGBT issues, family conflicts, parental **Dislocated Students** mental health, or AODA issues) ☐ Yes □ No Check here if student is: Released from penal institution Name and Address of School in which No. of Other Schools Student Dislocated as a result of Hurricane Katrina Abandoned Student is Currently Enrolled Previously Attended Within District Other Specify A refugee from South East Asia In How Many Other Districts

**Definitions:** Shelters—includes children and youth living in emergency shelters, transitional living programs, and children and youth awaiting foster care placement. Doubled-up—sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. This category includes children, youth, and unaccompanied youth who live with relatives, friends, boyfriends, girlfriends, etc. because they cannot afford housing on their own. **Unsheltered**—children, youth or unaccompanied youth who live in abandoned buildings or apartments, bus and train stations, campgrounds, cars, parks, public spaces, trailer parks, children abandoned in hospitals, and children and youth who live in substandard or inadequate housing. **Hotels/Motel**—children, youth, and unaccompanied youth who are temporarily living in hotels and motels because they cannot afford other types of housing. **Unknown**—any living situation not included above.

Page 2			PI-Q03-8
HOMELESS STUDENT TRANSPORTATION INFORMATION			
Was transportation to the school of origin provided to this student?  Yes No  Yes, Was School of Origin: Within District Outside  School of Origin means the school that the child or youth attended housed or the school in which the child or youth was last enrolled.		Transportation Mode  ☐ Additional/Extended Bus Route ☐ Contracted Transportation Services ☐ Privately-Owned Non-Family Vehicle ☐ Other Specify	Public Transportation Taxi Spec. Ed. Bus/Van City/County Service Reimbursing Family for Mileage
	BARRIERS FOR HO	MELESS STUDENT PROGRAM	
Indicate specific barriers this homeless student experienced at point of identification.			
Eligibility Questioned School of Origin Selection Transportation School Records Immunization/Medical Records Other Specify Below Indicate any other barriers you encountered when attempting to prove		ess student.	
Indicate if there were any unmet needs of this homeless student in y			